



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as Express mail in an envelope addressed to Box Amendment Commissioner for Patents, Washington, DC 20231.

Nov. 27, 2002

Joanne Bourguignon

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ted Eugene Wright
Application No. : 09/499,069
Filed : February 4, 2000
For : SINGLE-SHEET REGISTRATION FORM AND KEY PACKET

Examiner : Monica S. Carter
Art Unit : 3722
Docket No. : 35008.0001
Date : November 27, 2002

BOX NON-FEE AMENDMENT
Commissioner for Patents
Washington, DC 20231

STATEMENT OF FACTS ESTABLISHING DILIGENCE RE 37 C.F.R. § 1.13

Sir:

I hereby provide correspondence, purchase orders, sample forms, and other material, which establish reduction to practice and continued diligence in the refinement and commercialization of an embodiment of the invention claimed in claims 1-7 and 11-15 of the above-identified patent application from a time period prior to the date of the cited reference (December 11, 1998) to the filing of the provisional patent application on May 20, 1999, which the above-identified patent application claims the benefit of. This material provides dates consistent with my previously submitted 37 CFR 1.132 declaration in which I disclosed a timeline of events leading to initial prototyping and commercialization of the invention in the summer of 1998.

DEC - 6 2002

TECHNOLOGY CENTER R3700

RECEIVED

EXHIBIT 1 – Express Mail Receipt for samples and mock-ups of Reg/Key Packet, dated April 23, 1998;

EXHIBIT 2 – Letter to Dan Lombardi of Hilton Suites Phoenix, forwarding proofs of the electronic form template to be used in conjunction with the Reg/Key Packet paper, dated July 14, 1998;

EXHIBIT 3 – Express Mail Receipt for above proofs dated July 14, 1998;

EXHIBIT 4 – Purchase order from Electronic Forms Plus to Manufacturer, Poser West Business Forms, dated July 14, 1998, requesting Reg/Key Packet Stock 32-14 to be produced and shipped to Hilton Suites Phoenix;

EXHIBIT 5 – Invoice from Poser West for Reg/Key Packet Stock 32-14 providing shipping details of paper to Hilton Phoenix Suites dated July 15, 1998;

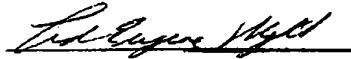
EXHIBIT 6 – Signed proof approval from Dan Lombardi, Hilton Phoenix Suites, to Ted E. Wright, asking for chips and confirming Reg/Key Packet paper was received, dated July 20, 1998;

EXHIBIT 7 – HP LaserJet 4 test pages from programming of flash memory with electronic form templates to be used in conjunction with Reg/Key Packet 32-14 paper, and

EXHIBIT 8 – Electronic Forms Plus invoice dated July 20, 1998 providing charges to Hilton Phoenix Suites for alteration of logo and receipt of Reg/Key Packet Stock 32-14, 25,600 sheets.

These references confirm Applicant's continual and ongoing diligence to the completion of the above-identified patent application and subsequent filing.

Inventor:



Ted Eugene Wright

11-27-02

Date



POST OFFICE TO ADDRESSEE

E1922702566US

REG AIR +
S/1995

Customer Copy

ORIGIN (POSTAL USE ONLY)

TO ZIP Code	Day of Delivery	Flat Rate Envelope
19227	<input checked="" type="checkbox"/> Next Day <input type="checkbox"/> Second Day	<input type="checkbox"/>
Date In	Postage	
Mo. Day Year	12 Noon <input type="checkbox"/>	3 PM <input checked="" type="checkbox"/>
Time In	\$ 13	
AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	Int'l Alpha Country Code	
Weight	10 ozs	
to Delivery	Acceptance Clerk Initials	Total Postage & Fees
<input type="checkbox"/> Weekend <input checked="" type="checkbox"/> Holiday	\$	

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS

CUSTOMER USE ONLY

METHOD OF PAYMENT

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE (760) 749-9623

TO: (PLEASE PRINT)

PHONE (602) 242-5385

Ted Wright
ELECTRONIC FORMS PLUS
8925 Circle B View
Escondido, CA 92036

Dan Lombardi
PHOENIX HILTON SUITES
10 East Thomas Road
Phoenix, AZ 85012

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Label 11-B October 1995



Electronic Forms Plus

8925 Circle R View
Escondido, CA 92026
(760) 749-9623

July 14, 1998

Dan Lombardi
Phoenix Hilton Suites
10 East Thomas Road
Phoenix, Arizona 85012

Dear Dan,

Enclosed please find your *Electronic Form* proofs. Please check them carefully and mark any changes directly on the proofs. Mark "OK" or "OK WITH ALTS", initial or sign each proof and fax same back to me at (760) 749-9180. If you have any questions, please call me.

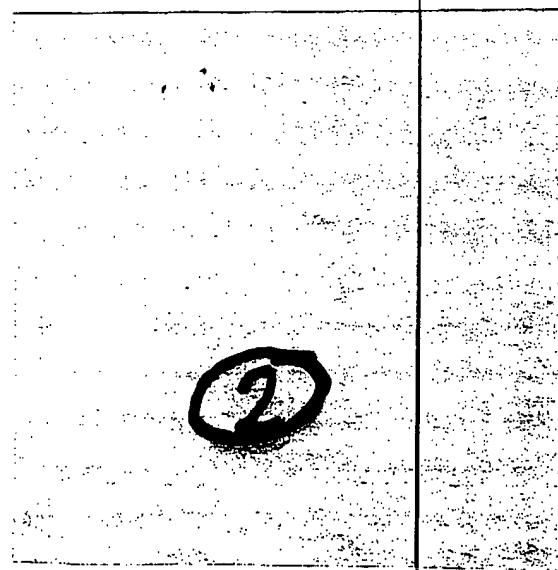
When I receive the approved proofs back from you I will create an "ALL" file and express mail it to you and Hilton Information Services. They will integrate the Electronic Forms with your HPMS 2 software.

The Registration/Key Card paper will ship to you Thursday and you will probably receive same within five days.

Please call Christine Sparks at (702) 669-4118 to schedule same.

Sincerely,

Ted Wright





POST OFFICE TO ADDRESSEE

432367738US

UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	Flat Rate Envelope
	<input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date To:	Postage	
Mo. Day Year	\$ 10.75	
Time In:	Return Receipt Fee	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input checked="" type="checkbox"/> 3rd Day	
Weight:	Int'l Alpha Country Code	COD Fee
Ibs. 0.26		Insurance Fee
No Delivery	Acceptance Clerk Initials	Total Postage & Fees
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$ 10.75

Proofs

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.:

Federal Agency Acct. No. or
Postal Service Acct. No.:

FROM: (PLEASE PRINT) PHONE 1 760 749-9623

TO: (PLEASE PRINT) PHONE 1 602 222-1111

Ted Wright
ELECTRONIC FORMS PLUS
8925 Circle B View
Escondido, CA 92026

Dan Lombardi
PHOENIX HILTON SUITES
10 East Thomas Road
Phoenix, AZ 85012

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



Label 11-B July 1997

Customer Copy



3

PURCHASE ORDER

WRIGHT BUSINESS PRINTING
 8925 CIRCLE R VIEW
 ESCONDIDO, CA 92026
 (760) 749-9623
 FAX (760) 749-9180

FOR: POSER WEST
 2625-A TEMPLE HEIGHTS DRIVE
 OCEANSIDE, CA 92056

ATTN: MARGO

VENDOR INSTRUCTIONS	
Ordered by:	TED WRIGHT
Order date:	7/14/98
Date required:	7/15/98 NO FAIL
Payment terms:	2% 10 DAYS, NET 30
<i>Purchase order number:</i>	98111
<i>Ship via:</i>	UPS
<i>Partial shipment allowed:</i>	NO
<i>Backorders allowed:</i>	NO

SHIP TO	
Name:	DAN LOMBARDI
Company:	HILTON SUITES PHOENIX
Address:	10 EAST THOMAS ROAD
City:	PHOENIX
Province/state:	AZ
Country:	USA
Postal code:	85012

ITEM NO.	QTY.	ITEM DESCRIPTION	PRICE EACH	TOTAL
1	25600	PULL FROM POSER WAREHOUSE JOB OF000545 REGISTRATION/KEY PACKETS STOCK FORM #32-14 (16 CARTONS OF 1600 EACH) LABEL & SHIP FROM: ELECTRONIC FORMS PLUS 8925 CIRCLE R VIEW ESCONDIDO, CA 92026	0.0001955	5.00

Sub total: **5.00**
 Tax rate: RESALE Tax: **5.00**
 Shipping & handling: **ADD**
 Other costs: **0.00**
 Total amount: **5.00**

Include P.O. Number on all invoices and correspondence.
 Please notify us immediately if this order cannot be filled on time.

INTERNAL USE ONLY	
Ordered by:	Department:
Approved by:	Date of approval:
Date received:	
In good order:	If not, resolved:
Comments:	

4

Invoice

POSER

Business Forms

TERMS:

2-10 DAYS NET-30 DAYS
0 DISC ALLOWED ON FREIGHT

PLEASE REMIT TO:

DEPT. NO. 13202
LOS ANGELES, CA 90088

DISP. CODE	SOLD TO:	SHIPPED TO:	INVOICE NUMBER
WB94	WRIGHT BUSINESS PRINTING	POSER WAREHOUSE	DF000545 0000
OUR ORDER NO.	8926 CIRCLE R VIEW		
100	ESCONDIDO CA 92026		
DATE ENTERED			REFER TO THIS NUMBER ON ALL CORRESPONDENCE
6/22/98			
DATE SHIPPED	CONTACT	SHIPPED VIA	INVOICE DATE
6/30/98	TED	WHS	7/15/98
ORDERED	SHIPPED	DESCRIPTION	UNIT PRICE
8,000		08.500 X 14.000 01 PART NAME: REGISTRATION/KEY PACKETS ID: STOCK YM #32-14 S/H: C/P RELEASED: 25800	20.84
			57.38
			5.00
			62.38

POSER

BUSINESS FORMS

THANK YOU FOR YOUR CUT SHEETS ORDER
PRODUCED IN OUR OCEANSIDE DIVISION
2625 TEMPLE HEIGHTS DRIVE
OCEANSIDE CA 92056 (760)758-7700

6



10 EAST THOMAS ROAD
PHOENIX, ARIZONA 85012
PHONE: (602) 222-1111 • FAX: (602) 265-1841
HILTON RESERVATIONS: 1-800-HILTONS

FAX TRANSMISSION COVER SHEET

DATE:	7/26/98
TO:	Ted Wright
COMPANY:	Electronic Forms plus
FAX NUMBER:	760 749-9180
FROM:	DAN
TOTAL # OF PAGES:	4
REMARKS:	Hi Ted, I got all the paper! The sooner I can get my printers programmed the better! I ran out of perf paper.

"DINE-AROUND PACKAGE"

- A luxurious two-room suite
- Two-Hour Beverage Reception in the Atrium Lounge
- Your progressive Dine-Around Adventure:
 - Begins with your choice of Appetizers
 - Then continues with choice of Entrees
- And finishes with dessert and coffee when you return to your suite
- Complimentary passes to the Phoenix Art Museum and Clubs at the Arizona Center
- Start the next morning with a complimentary prepared-to-order breakfast
- Complimentary passes to the Phoenix Plaza Fitness Center

Thanks!
DAN

"ARIZONA DIAMONDBACKS PACKAGE"

- Overnight accommodations in spacious two room suite
- Complimentary full prepared-to-order breakfast
- Complimentary two-hour cocktail reception
- Complimentary use of the Phoenix Plaza Fitness Center
- Complimentary round trip transfer to the Bank One Ballpark
- Complimentary hotel garage parking

Contact the Phoenix Hilton Suites Reservations Department at (602) 212-5353 for more details!

6



Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person/company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.50 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

GUEST SIGNATURE

OK
13/20/98

Guests checking out prior to a confirmed departure date
will result in a \$50.00 administration fee.

GUEST INITIALS

Name _____

Room No. _____

ELECTRONIC LOCK INSTRUCTIONS
To Enter Your Room

Insert PassKey. Then remove it. Open door.
Door stays locked when closed.

For your safety and security, your room number has been written on this booklet but not on your guest room key. We encourage you to keep your key card separate from this booklet in the event the booklet is lost or misplaced.

If your room key card is lost, stolen or misplaced, immediately return to the Front Desk and a new room key card will be made for you upon presentation of suitable identification. Once you have inserted your new room key card into your guest room lock, your old room key card will be invalidated.

For information or reservations worldwide
Call: 1-800-HILTONS

Welcome

to



ZIP > IN

30 Second Check - In

For your convenience, the details needed to check you out were selected at the time you checked in. On the morning of your departure, check you out at the time of check out with the previous evening's charges. In the event of a cancellation, including all charges in the delivered under your door by 6 a.m., if this date will result in a \$50.00 administration fee.

Check - Out

Z I P O U T

Avoid writing in lines to checkout with

11/25/2002 11:55 FAX 9095879744
07/20/98 MON 10:52 FAX 602261

EFPLUS
PHX HILTON SUITE

010
 004


Hilton Suites
Phoenix

6K
JR 1/20/99

PLEASE REMIT TO:
Phoenix Hilton Suites
75 Remittance Dr. - Ste 1210
Chicago, IL 60675-1210

ACCOUNT NO.

PAGE NO.

STATEMENT DATE

PAYMENT DUE
UPON RECEIPT

DETACH AND RETURN UPPER PORTION WITH PAYMENT

DATE	REFERENCE	DESCRIPTION	AMOUNT

OVER 90 DAYS	OVER 60 DAYS	OVER 30 DAYS	CURRENT	PLEASE PAY THIS AMOUNT

PAST DUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1.5% PER MONTH

Phoenix Hilton Suites
Phone (602) 222-1111

10 East Thomas Road
Phoenix, Arizona 85012

11/25/2002 11:56 FAX 9095879744
07/20/98 MON 10:52 FAX 802261

EFPLUS
PHX HILTON SUITE

011
 003

Hilton Suites Phoenix

10 East Thomas Road • Phoenix, Arizona 85012
(602) 222-1111 • Fax (602) 265-4841 • (800) HILTONS

IN

OUT

FOLIO

NAME:

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ADDRESS:

ROOM

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DATE	DESCRIPTION	ID	REF. NO.	CHARGES	CREDITS	BALANCE
	ok 1/20/98					

GUEST _____
FIRM _____
CITY _____ STATE _____ ZIP _____

RATES DO NOT INCLUDE APPLICABLE
SALES, OCCUPANCY OR OTHER TAXES

TRANSFER TO CREDIT LEDGER

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO
BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON,
COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL
AMOUNT OF THESE CHARGES.

GUEST SIGNATURE _____



LaserJet 4 Printer

Flash SIMM Status Page

Flash SIMM firmware: v2.09 - 19950920
Flash Memory size: 1 Mbyte
Flash Password: Disabled
Free RAM memory: 9841480
Free Flash memory: 575460

Flash memory used by Fonts: 1008
Flash memory used by Macros: 183340
Flash memory used by Symbol Sets: 0
Total Flash memory used: 184348
Flash memory configuration: 1

Flash SIMM Macros, Bitmap Fonts, Scalable Fonts and Symbol Sets

Symbol set Pitch Point size Macro ID's 31100-31499 are reserved by FlashSIMM.

Type	ID	Size	Password	Esc Sequence / Comment	Description	Time	File
BitFont	32633	1008	No	<esc>(0A<esc>(s1p12.00v0s0b0T			
Macro	21	37092	No				
Macro	31	46124	No				
Macro	41	100064	No				

Macro ID:21



Hilton Suites

Phoenix

10 East Thomas Road • Phoenix, Arizona 85012
 (602) 222-1111 • Fax (602) 265-4841 • (800) HILTONS

IN

OUT

FOLIO

NAME:

ADDRESS:

RATE

ROOM

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DATE	DESCRIPTION	ID	REF. NO.	CHARGES	CREDITS	BALANCE

GUEST	
FIRM	ADDRESS
CITY	STATE ZIP

 RATES DO NOT INCLUDE APPLICABLE
 SALES, OCCUPANCY OR OTHER TAXES

TRANSFER TO CREDIT LEDGER

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO
 BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON,
 COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL
 AMOUNT OF THESE CHARGES.

GUEST SIGNATURE

Macro ID:31



PLEASE REMIT TO:
 Phoenix Hilton Suites
 75 Remittance Dr. - Ste 1210
 Chicago, IL 60675-1210

ACCOUNT NO.

PAGE NO.

STATEMENT DATE

PAYMENT DUE
 UPON RECEIPT

DETACH AND RETURN UPPER PORTION WITH PAYMENT

DATE	REFERENCE	DESCRIPTION	AMOUNT

OVER 90 DAYS

OVER 60 DAYS

OVER 30 DAYS

CURRENT

PLEASE PAY
THIS AMOUNT

PAST DUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1.5% PER MONTH

Phoenix Hilton Suites
 Phone (602) 222-1111

10 East Thomas Road
 Phoenix, Arizona 85012

Macro ID:41



Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. "I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.50 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here:

GUEST SIGNATURE

Guests checking out prior to a confirmed departure date will result in a \$50.00 administration fee.

GUEST INITIALS

Name _____

Room No. _____

ELECTRONIC LOCK INSTRUCTIONS
To Enter Your Room

Insert PassKey. Then remove it. Open door.
Door stays locked when closed.

For your safety and security, your room number has been written on this booklet but not on your guest room key. We encourage you to keep your key card separate from this booklet in the event the booklet is lost or misplaced.

If your room key card is lost, stolen or misplaced, immediately return to the Front Desk and a new room key card will be made for you upon presentation of suitable identification. Once you have inserted your new room key card into your guest room lock, your old room key card will be invalidated.

For information or reservations worldwide
Call: 1-800-HILTONS

*Welcome
to*



ZIP > IN

30 Second Check - In

INVOICE

ELECTRONIC FORMS PLUS
8925 CIRCLE R VIEW
ESCONDIDO, CA 92026
(760) 749-9623
FAX (760) 749-9180

SHIP TO: DAN LOMBARDI
HILTON SUITES/PHOENIX
10 EAST THOMAS ROAD
PHOENIX, AZ 85012

BILL TO: HILTON SUITES/PHOENIX
10 EAST THOMAS ROAD
PHOENIX, AZ 85012
ATTN: ACCOUNTS PAYABLE

Salesperson:	TED WRIGHT	Date of order:	7/8/98
Payment terms:	NET 30	Date order shipped:	7/20/98
Method of shipment:	EXP. MAIL/CONSOLIDATED	FOB point:	ESCONDIDO
Invoice number:	98114	Invoice date:	7/20/98
Order number:	DAN LOMBARDI		

ITEM NO.	QTY.	DESCRIPTION	PRICE EACH	AMOUNT
1	3	FORMS ALTERED-NEW LOGO	50.00	150.00
2	25600	REG/KEY PACKET STOCK FORM 32-14 (16 CASES OF 1600 EACH)	0.03	768.00

Sub total: 918.00
Tax rate: NONE **Tax:** _____
Shipping & handling: 72.00
Previous amount owing: _____
Credit: _____
You pay this amount: 990.00

8



OLYMPIC PATENT WORKS PLLC
 101 YESLER WAY, SUITE 505
 SEATTLE, WA 98104
 MAILING ADDRESS:
 P.O. Box 4277
 SEATTLE, WA 98104
 206.621.1933 (MAIN)
 206.621.5302 (FAX)

3722

Docket No.: 35008.001
 Date: November 27, 2002

In re application of **Ted Eugene Wright**
 Application No.: **09/499,069**

Filed: **February 4, 2000**

SINGLE-SHEET REGISTRATION FORM AND KEY PACKET

COMMISSIONER FOR PATENTS
 WASHINGTON DC 20231

Sir:

Transmitted herewith is a **response** in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
 A Petition for an Extension of Time for one month is enclosed.
 No additional claim fee is required.
 The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA
TOTAL	* 9	MINUS	** 20	0
INDEP.	* 3	MINUS	*** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIMS				
<input type="checkbox"/> EXTENSION OF TIME FEE				
<input type="checkbox"/> TOTAL ADDITIONAL FEE				

SMALL ENTITY		OTHER THAN A SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x 9	\$ 0	x 18	\$
x 42	\$ 0	x 84	\$
+ 140	\$ 0	+ 280	\$
	\$ 0		\$
	\$ 0		\$
TOTAL		TOTAL	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 50- in the amount of \$. A duplicate copy of this sheet is enclosed.
 A check in the amount of \$ is attached.
 The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-. A duplicate copy of this sheet is enclosed.
 Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
Ted Eugene Wright
 OLYMPIC PATENT WORKS PLLC


 Robert W. Bergstrom
 Registration No. 39,906

RECEIVED
 DEC - 6 2002
 TECHNOLOGY CENTER R3700